, ~ ~ 	Please type a plu	us sign (+) inside	W	, O (.0				
		JTILITY	Attomey Docket	No.	CRD-0967	A			
	ATENT A	APPLICATION	First Inventor		Stanko Bodnar, Gerard H. Llanos, Mark B. Roller, Angelo Scopelianos				
9728		NSMITTAL	Title		COATED MEDICAL DEVICES AND STERILIZATION THEREOF				
	n for new nonprovision	onal applications under 37 CFR 1.53(b))	Express Mail Lai	bel No.	EL457890565US	129			
		ON ELEMENTS		ADD	RESS TO: Commissioner for Patents	S = 2			
) PEP Chapter 600	0 concerning utility patent app	lication		Box Patent Application + o				
1. 🛛	1. X Fee Transmittal Form (e.g., PTO/SB/17)				CD-ROM or CD-R in duplicate, large tab	le or			
	(submit an on	iginal and a duplicate for fee p	rocessing)	Computer Program (Appendix)					
		laims small entity state	us.						
3. 🔼	Specificatio	on [Total Pages 79] ongement set forth below)		8. Nucleotide and/or Amino Acid Sequence					
		Title of the Invention		Submission (if applicable, all necessary) a. □Computer Readable Form (CRF)					
		rence to Related Applica	itions		Specification Sequence Listing on:				
	- Statement F	Regarding Fed sponsore	d R&D		i. CD-ROM or CD-R (2 copies); or				
		o sequence listing, a tab	ole, or a		i. ☐ paper				
4		rogram listing appendix			c. Statement verifying identity of above copies				
		d of the Invention							
		ary of the Invention ption of the Drawings (if	filed)		ACCOMPANYING APPLICATION PARTS	š			
	 Detailed De 		meu)		Assignment Papers (cover sheet & document(s))				
	- Claim(s)			10. 37 CFR 3.73(b) Statement Power of Attorney (when there is an assignee)					
l	- Abstract of t	the Disclosure		11. ☐ English Translation Document (if applicable)					
	.*			12. Information Disclosure Statement					
4. 🛛	Drawing(s)((35 USC 113) [Total S	Sheets19]		(IDS)/PTO-1449	tions			
	th or Declar		ages 4]		Preliminary Amendment				
		kecuted (original or copy		14.⊠	Return Receipt Postcard (MPEP 503)				
		m a prior application (37		٦- ١-	(Should be specifically itemized)	•			
背 ()		on/divisional with Box 18		¹5.∟	Certified Copy of Priority Document(s) (if foreign priority is claimed)				
F		ETION OF INVENTOR(Sed statement attached de		16 F	[In toreigh phonty is claimed] Request and Certifications under 35 U.S.C. 1	122			
L		itor(s) named in the prior		(b)(2)(B)(i). Applicant must attach form					
1		37 CFR 1.63(d)(2) and 1		PTO/SB/35 or its equivalent.					
		, ,, ,	. ,	17. Other					
	A == 1; == 4; ==	Data Oh t	DED 4.70						
		Data Sheet. See 37 (upply the requisite information below and in a				
10.	preliminary am	nendment, or in an Applica	tion Data Sheet	and st under 3	ppiy the requisite information below and in a 7 CFR 1 76:				
					prior application No.: 09/675,882, filed				
Septer	mber 29, 200	0; 09/850,482, filed May	7, 2001 and 09	9/887,4	64, filed June 22, 2001.				
		ormation: Examiner	Group	Art Un	t:				
For CC	For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an								
	oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying								
relied	continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.								
1.5.1.54	o a	19 CC	DRRESPONDE	INCE A	ADDRESS				
□ Cus	stomer Numb	er or Bar Code Label 0			orrespondence Address below				
Name		ilip S. Johnson, Esq.							
Addre	Address: Johnson & Johnson								
	One Johnson & Johnson Plaza								
	New Brunswick, NJ 08933-7003 USA								
_			TELEPHONE						
Please direct all telephone calls or telefaxes to Carl J. Evens at:									
Telephone: (732) 524-2518 Fax: (732) 524-2808									
21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED									
NAME		Carl J. Evens			Reg. No. 33874				
	ATURE	El E							
DATE		9/20	1/2012						

FEE TRANSMITTAL Application Number To Be Determined Filing Date September 28, 2001 First Named Inventor Stanko Bodnar et al. Group Art Unit Examiner Name Attorney Docket Number CRD-0967

FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	40 - 20 =	20	x 18.00	\$ 360.00
INDEPENDENT CLAIMS	2 - 3 =	0	x 80.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS		N/A	\$270.00	
		TOTAL FEES	\$1,070.00	

METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750/CRD-0967/CJE in the amount of \$1,070.00. Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/CRD-0967/CJE. Three copies of this sheet are enclosed.

SUBMITTED E	Complete (if applicable)		
Typed or Printed Name	Carl J. Evens		Reg. No. 33,874
Signature	IIE	Date: 9/28/01	Deposit Account No. 10-0750
			NO. 10-0750